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Bib Data Sheet

CONFIRMATION NO. 3966

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|--|---|----------------------------|---|---|
| SERIAL NUMBER 10/766,647 | FILING OR 371(c) DATE 01/27/2004 RULE | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. 00025.04CON |
| APPLICANTS Joshua D. Rabinowitz, Mountain View, CA; Alejandro C. Zaffaroni, Atherton, CA; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 10/151,596 05/16/2002 PAT 6,855,310 which claims benefit of 60/294,203 05/24/2001 and claims benefit of 60/317,479 09/05/2001 This application 10/766,647 is a CON of 10/735,497 12/12/2003 which is a CON of 10/151,596 05/16/2002 PAT 6,855,310 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/18/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | STATE OR COUNTRY CA | SHEETS DRAWING 1 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 6 |
| ADDRESS 37485 | | | | |
| TITLE Delivery of analgesics through an inhalation route | | | | |
| FILING FEE RECEIVED 514 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |